

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hw</i>	<i>68904</i>	<i>7/20/00</i>
O.I.P.E. CLASSIFIER	<i>HE</i>	<i>45</i>	<i>7/25</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>61001</i>	<i>9/8/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/2/00
2	4/8/00
3	10/3/00
4	11/11/00
5	11/11/00
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50	11/11/00

Claim	Date
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If more than 150 claims or 10 actions  
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